

For SE region - SEfax not working?



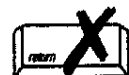
Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Permitting Program
Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

FOR DEP USE ONLY

Tax Identification Number

A. Reporting Facility

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility Information

Hull Water Pollution Control Facility
 Reporting Sewer Authority

MA0101231
 Permit #

2. Authorized Representative Transmitting Form:

Daniel
 First Name

Calnen
 Last Name

781-925-0906
 Telephone No.

Assistant Plant Manager
 Title

peter.nyberg@unitedwater.com
 E-mail Address

B. Phone Notifications:

See DEP Regional Office telephone and fax numbers at the end of this form.

1. MassDEP staff contacted:

DEP on Call Employee

first name

last name

Date/Time contacted:

May 25, 2013

8:45

Date

Time

☐ am☒ pm

2. EPA staff contacted:

David

Turin

first name

last name

Date/Time EPA contacted:

May 25, 2013

8:50

Date

Time

☐ am☒ pm

3. Board of Health contacted:

First Name

Last Name

Date/Time contacted:

Date

Time

☐ am☐ pm

4. Others notified (select all that apply);

☐ Conservation Commission☐ Harbormaster☐ Shellfish Warden☒ Division of Marine Fisheries☐ Downstream Drinking Water Supplier☐ Watershed Association☐ Beach Resource Manager ☐ Other:

(specify)

C. SSO Information

1. SSO Discovered:

May 25, 2013

8:15

Date

Time

☐ am☒ pm

By: Eric Sutton and Charles Antoine

2. SSO Stopped:

May 25, 2013

8:25

Date

Time

☐ am☒ pm

3. SSO Discharge from:

☐ Sanitary Sewer Manhole☐ Pump Station☐ Backup into Property☒ Other:

Wastewater plant primary splitter box
 (specify)

4. SSO Discharge to:

☐ Ground Surface (no release to surface water)☐ Direct to Receiving Water

(surface water)

☒ Catch basin to Receiving Water

Allerton Harbor
 (surface water)



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☐ Backup into Property Basement

C. SSO Information (cont.)

Location: 1111 Nantasket Avenue, Hull, MA 02045
 (Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: < 500 Gallons

Method of Estimating Volume: Visual estimate

6. Cause of SSO Event:

☐ Rain Event ☐ Pump Station Failure ☐ Insufficient Capacity in System

☒ Treatment Unit failure

☐ Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage

☐ Other: _____
 (Specify)

7. Corrective Actions Taken:

Flow stabilized within 10 minutes and no corrective actions were necessary

Impact Area cleaned and/or disinfected: ☒ Yes ☐ No

Area was raked up

Corrective Actions Completed: ☐ Yes ☐ No

N/A

D. Comments/Attachments/Follow-up

I wish to provide (select all that apply):

☐ Attachment ☒ Additional comments below: ☐ No additional comments or attachments

Additional comments and planned actions:

High influent wet well level alarm was responded to by facility staff within 5min. Staff immediately identified the overflow at the primary splitter box. To reduce the wet well level additional pumping



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was initiated resulting in an initial instantaneous surge into the primary splitter box. This resulted in the reported overflow. Flow stabilized within five minutes of pump initiation resulting in the stoppage of the overflow within ten minutes.

E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

5/30/13

Date Signed

Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA Contact	Phone: 617-918-1870	Fax: 617-918-0870
DEP 24-hour emergency	Phone: 888-304-1133	